## 07000101234

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JAN 1 1 2013 J. BRYAN

## **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT:

Arx Insurance Advisors, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Derek A. Siewert

Name of Person

Arx Insurance Advisors, LLC

Firm/Company

4487 Cathys Club Lane

Address ..

Jacksonville, FL 3224

City/State and Zip Code

derek@arxins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek A. Siewert

*,,*904、223-2150

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arx Insurance Advisors, LLC	<u>,</u>		10 E 1
( <u>Name of the Limited L</u> (A F	iability Company Iorida Limited Lia	as it now appears on our records.) bility Company)	1
The Articles of Organization for this Limited Liab Florida document number L07000101234			and assigned
This amendment is submitted to amend the follow	ving:		agrid -
A. If amending name, enter the new name of t	he limited liabili	ity company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>
Enter new mailing address, if applicable:		4487 Cathys Club Lane	
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 3224	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	ce address here: 4487 Cathys	Club Lane Enter Florida street (	address
	Jacksonville	, Florida	32224
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Mar MGRM = M	nager Ianaging Member		
<u> Citle</u>	Name	Address	Type of Action
MGR	Derek A. Siewert	4487 Cathys Club Lane	Add
		Jacksonville, FL 32224	Remove
MGR	Lara S. Siewert	4487 Cathys Club Lane	− ✓ Add
		Jacksonville, FL 32224	Remove
			Add
		TALLAH?	Remov
		SEE . ALC	Add C
		निवास 	T kemov
			Add
			Remov
			Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Amended and Restated Agreement dated January 6th, 2012
Dated January 6th 2012,
We to be all all to
Signature of a member or authorized representative of a member
Derek A. Siewert, Tenants by their entireties
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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